

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2014
NAME OF PROVIDER OR SUPPLIER BELL OAKS TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 WYNTREE DR NEWBURGH, IN 47630		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00139632.</p> <p>Complaint IN00139632 - Unsubstantiated, due to lack of evidence.</p> <p>Survey date: January 30, 2014</p> <p>Facility number: 004903 Provider number: 004903 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN TC Amy Wininger</p> <p>Census bed type: Residential: 40 Total: 40</p> <p>Census payor type: Other: 40 Total: 40</p> <p>Sample: 7</p> <p>Bell Oaks Terrace was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00139632.</p> <p>Quality Review 01/31/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE